



United States
Environmental Protection Agency
 Washington, DC 20460

☒ **Registration**
☐ **Amendment**
☐ **Other**

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 70627-XX	2. EPA Product Manager J. Varco	3. Proposed Classification
4. Company/Product (Name) Oxivir Three 64	PM# 33	<input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
5. Name and Address of Applicant (Include ZIP Code) Diversey, Inc. PO Box 19747 Charlotte, NC 28219-0747 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3 (c) (3) (b) (i), my product is similar or identical in composition and labeling to: EPA Reg. No. <u>74559-11</u> Product Name <u>Oxy-5 (Concentrate) Disinfectant Cleaner</u>

Section - II

<input type="checkbox"/> Amendment - Explain below	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input checked="" type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional Page(s) if necessary. (For section I and Section II)

Me Too registration for a new EPA registration.

Contact information: sara.seltzer@diversey.com

Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt. No. per Container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Package wgt. No. Per Container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted			
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 1 qt., 1 and 55 gallon, bulk	5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input checked="" type="checkbox"/> Stenciled <input checked="" type="checkbox"/> Other <u>plastic sleeve</u>			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted if necessary to process this application.)			
Name Sara Seltzer	Title Registration Specialist	Telephone No. (Include Area Code) 262-352-4622	
Certification I certify that the statements which I have made on this form and all attachments are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Registration Specialist		
4. Typed Name Sara Seltzer	5. Date October 9, 2020		